



# ELA Nomination Form

*The mission of the State of Wisconsin Enterprise Leadership Academy is to develop visionary, service-oriented leaders dedicated to excellence in state government.*

*"ELA - Developing Quality Leadership with Vision"*

## **Nominee Information**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Title/Classification: \_\_\_\_\_ Yrs. Supv/Mgt Experience: \_\_\_\_\_

## **Nominator's Contact Information** - (\* Nominator must be someone other than nominee)

Nominator's Name \_\_\_\_\_

Title \_\_\_\_\_ Agency \_\_\_\_\_

Phone (     ) \_\_\_\_\_ (Work) FAX (     ) \_\_\_\_\_

Email: \_\_\_\_\_ (Work)

Work Relationship to Nominee: \_\_\_\_\_

## **Nomination**

It is my pleasure to nominate \_\_\_\_\_ to participate in the State of Wisconsin Enterprise Leadership Academy (ELA) Program. In nominating her/him for the program, I am recognizing her/his management abilities and demonstrated desire for continued learning. I am also recognizing that her/his participation will require time away from work, and that the agency will encourage this professional development activity, within the constraints of organizational demands.

## **Recommendation Summary**

**\*\*Please *attach a summary statement* describing the applicant's abilities, work record, professional potential and personal qualities. Please limit your comments to one page.**

Nominator Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Agency Head Approval**

It is my professional opinion that this individual should be admitted to the ELA program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please submit both the Nomination and ELA Application Forms (in the same envelope) by close of business on February 2, 2006 to:***

**State of Wisconsin ELA Program  
Attention: OSER ELA Pilot – DMRS  
101 E. Wilson Street, 4<sup>TH</sup> Floor  
Madison, WI 53707-7855**